

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of  
Hayes, et al.

Serial No.: 09/750,603

Filed: December 28, 2000

For: **CONFIGURABLE BILLING SYSTEM  
SUPPORTING MULTIPLE PRINTER  
PRODUCTS AND BILLING SYSTEMS**

Last Office Action: February 6, 2002

Attorney Docket No.:  
D/99181  
XERZ 2 00346

) Examiner: Geoffrey R. Akers

) Art Unit: 3624

**RECEIVED**

JUN 16 2003

**GROUP 3600**

**AMENDMENT A**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Responsive to the Office Action mailed February 6, 2003, in the above-identified application, the Applicants respectfully request amendment, reexamination and reconsideration of the application as follows.

06/09/2003 SSESHE1 00000082 240037 09750603

02 FC:1202 36.00 CH  
03 FC:1201 168.00 CH

06/13/2003 SSESHE1 00000121 240037 09750603

01 FC:1201 84.00 CH

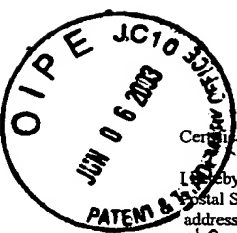
**CERTIFICATE OF MAILING**

I hereby certify that this AMENDMENT A is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 4, 2003.

By

*Roseanne Giuliani*  
Roseanne Giuliani

3624/B



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I hereby certify that this paper or fee is being deposited with the United States Postal Service as First Class Mail service on June 4, 2003 and is addressed to the Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Roseanne Giuliani  
Roseanne Giuliani

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AMENDMENT TRANSMITTAL LETTER

Attorney Docket No.: D/99181

XERZ 2 00346

Serial No.: 09/750,603	Filing Date: December 28, 2000	Examiner: Geoffrey R. Akers
Group Art Unit: 3624	Invention: CONFIGURABLE BILLING SYSTEM SUPPORTING MULTIPLE PRINTER PRODUCTS AND BILLING SYSTEMS	

To the Commissioner for Patents:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	Claims remaining after amendment		Highest Number Previously Paid For	No. of Extra Claims Present	Rate	Additional Rate
Total Claims	22	Minus	20	2	X 18	\$ 36.00
Indep. Claims	7	Minus	4	3	X 84	\$ 252.00

- ☐ No additional fee is required.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ Charge \$36.00 (additional claims) and \$252.00 (additional independent claims) to Deposit Account No. 24-0037.
- ☒ Applicants hereby petition the Commissioner under 37 C.F.R. § 1.136(a) and request a one-month extension of time to respond to the outstanding Office Action. Enclosed is a check in the amount of \$110.00 to cover the applicable extension of time fees. Applicants further request any additional extensions of time that may be necessary and authorize the required fees be charged to Deposit Account No. 24-0037.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 24-0037.

Respectfully submitted,

FAY, SHARPE, FAGAN,  
MINNICH & MCKEE, LLP

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Date: June 4, 2003